CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2018/2019

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE SAN LUIS OBISPO COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: November 7, 2018 and November 8, 2018

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EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, section 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted an onsite review of the San Luis Obispo County MHPs Medi-Cal SMHS programs on November 7, 2018 and November 8, 2018. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2018/2019 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal system review evaluated the MHP's performance in the following categories:

- Section A: Network Adequacy and Availability of Services
- Section B: Care Coordination and Continuity of Care
- Section C: Quality Assurance and Performance Improvement
- Section D: Access and Information Requirements
- Section E: Coverage and Authorization of Services
- Section F: Beneficiary Rights and Protections
- Section G: Program Integrity

- Section H: Other Regulatory and Contractual Requirement

This report details the findings from the Medi-Cal SMHS Triennial System Review of the San Luis Obispo County MHP. The report is organized according to the findings from each section of the FY 2018/2019 Protocol and the Attestation deemed out-of-compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP's 24/7 toll-free telephone line and a section detailing information gathered for the "SURVEY ONLY" questions in the Protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system and chart review). The appeal must be submitted to DHCS in writing within 15-business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Plan of Correction (POC) is required for all items determined to be out-of-compliance. The MHP is required to submit a POC to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed out-of-compliance. The POC should include the following information:

(1) Description of corrective actions, including milestones;
(2) Timeline for implementation and/or completion of corrective actions;
(3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
(4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should purpose an alternative corrective action plan to DHCS; and
(5) Description of corrective actions required of the MHP's contracted providers to address findings.

Findings Summary

Below is a summary of DHCS' key findings:

- During the system review, San Luis Obispo County MHP demonstrated a variety of strengths related to its care coordination processes, strong collaborative relationships across systems of care, and the establishment of a variety of innovative projects.

- The MHP aims to have a strong collaboration with physical health services and social services organizations, within its community, with the goal to reduce barriers to providing integrated care. The MHP's information sharing processes between delivery systems of care have proven to be effective and effortless. The MHP's established processes include, bidirectional referrals, ongoing coordinated conference calls and meetings, and client access procedures. To further exemplify the strong collaboration across the delivery systems, the county's Medi-Cal Managed Care Plan (MCP) actively participated

in the reviews discussion related to the topic of care coordination. It is evident that both the MHP and MCP are committed to providing the best possible services to the Medi-Cal beneficiaries in San Luis Obispo County. The inclusion of the MCP allowed DHCS to gain a better insight about what an ideal collaborative care coordination model looks like, to learn best practices, in an effort to share with other counties.

- Additionally, the MHP has a similar relationship with child welfare. The MHP has developed a shared database with the Department of Social Services to allow child welfare Social Workers to upload and share relevant case information, screening tools, mental health intake paperwork, and court orders. This process allows the MHP to have access, to receive and request, information when needed. The capacity to have information readily accessible allows the county to schedule assessments within the required timeliness standards.

- While, a variety of innovative projects were shared at the review, it is evident that MHP has clear intentions to continue to develop and implement quality improvement activities and projects to ensure beneficiaries receive access timely, access to SMHS.

FINDINGS

CARE COORDINATION AND CONTINUITY OF CARE

REQUIREMENT
The MHP has a process for resolving disputes between the MHP and the Managed Care Plan (MCP) that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the disputes is being resolved (Cal. Code Regs., tit. 9 § 1810.370(a)(5)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1810.370(a)(5). The MHP must enter into a Memorandum of Understanding (MOU) with any Medi-Cal MCP that enrolls beneficiaries covered by the MHP. The MOU must, at a minimum, address a process for resolving disputes between the MHP and the Medi-Cal MCP that includes a means for beneficiaries to receive medically necessary services, including SMHS and prescription drugs, while the dispute is being resolved. When the dispute involves the Medi-Cal MCP continuing to provide services to a beneficiary the Medi-Cal MCP believes requires SMHS from the MHP, the MHP must identify and provide the Medi-Cal MCP with the name and telephone number of a psychiatrist or other qualified licensed mental health professional available to provide clinical consultation, including consultation on medications to the Medi-Cal MCP provider responsible for the beneficiary's care.

The MHP submitted its MOU with CenCal Health, which has been actively in place since 2015, as documentation as evidence of compliance with this requirement. The MOU outlines the service responsibilities of each agency and the delegation of mental health management to Holman Professional Counseling Centers, which has been approved by the Department of Managed Health Care. Holman is also accountable for monitoring the county to ensure it meets the timely access standards.

In addition, the MHP also submitted its Dispute Resolution Matrix and Narrative as documentation as evidence of compliance with this requirement. However, the documentation does not address the requirement that beneficiaries receive services, including SMHS and prescription drugs, while the disputes is being resolved.

DHCS deems the MHP out-of-compliance with California Code of Regulations, title 9, section 1810.370(a)(5). The MHP must complete a POC addressing this finding of non-compliance.

ACCESS AND INFORMATION REQUIREMENTS

REQUIREMENT
Regarding the statewide, 24 hours a day, 7 days a week toll-free telephone number (Cal. Code Regs., tit. 9, chapter 11, §§ 1810.405(d) and 1810.410(e)(1)).
1) The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2) The toll-free telephone number provides information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met.
3) The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4) The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate it complies with California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1). Each MHP must provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county, that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes. The seven (7) test calls are summarized below.

TEST CALL #1

The call was placed on Tuesday, October 2, 2018, at 7:53 a.m. The call was answered after one (1) ring via a phone tree directing the caller to continue in English or select a Spanish language option, the MHP's threshold language. The message instructed the caller to dial 9-1-1 or go to the emergency room in an emergency. The phone tree offered the caller options for psychiatric services, mental health services, to schedule an appointment, and file grievances. There was also an option for hospitals. The caller selected the option for mental health services. A new answering machine message gave hours and operation and addresses of five walk in clinics. The message stated the caller could get additional information about the clinics, its website, beneficiary booklet, or by calling between 8:00 a.m. and 5:00 p.m. The caller was provided information for threshold language assistance and about how to access SMHS. The caller was provided information about how to access services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #2

The call was placed on Thursday, September 20, 2018, at 10:33 a.m. The call was answered after two rings via a live operator. The caller described issues related to scenario 2, loss of appetite, crying, and the inability to sleep. The operator asked for some identifiable information. After trying to locate the caller in the system, the operator was concerned about not being able to find the caller; therefore, put the caller on hold for about two minutes. The caller explained that the issue could be that the caller just moved to the area and would need to get their Medi-Cal transferred.

The operator put caller on a brief hold and then transferred the caller to a therapist who identified herself as Diane. The therapist proceeded to ask a series of screening questions. After the caller responded, the therapist identified that the caller would be a good fit for the Holman Group. However, the callers Medi-Cal must be current. Another option would be that the caller could go to the Community Council Center, where they provide mental health services based on a sliding scale. The caller would be able to receive an assessment, therapy, and medication support if needed. The caller was provided their number. The therapist also recommended that the caller contact the county office to get the Medi-Cal issues resolved and provided the number. After the issue is resolved, the caller has the option of contacting the Holman Group and if the caller needed assistance, the caller could call this same number and someone would be available to help or the caller could contact the Holman Group directly. The operator provided the number. The caller thanked the therapist. The therapist stated that if the caller was feeling unsafe and felt like hurting him/herself he/she could call the San Luis Obispo Crisis Hotline and provided the number. The caller thanked the therapist again and ended the call.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, the caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

DHCS deems the MHP in compliance with California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #3

The call was placed on Thursday, October 4, 2018, at 7:40 a.m. The call was answered after two rings via a phone tree in English and then gave the option in Spanish to choose 4 for Spanish. The phone tree identified as San Luis Obispo County Mental Health Access Line and stated if it was a medical emergency to hang up and dial 9-1-1. A menu of options were given: press 1, for Mental Health Professional or an urgent matter, press 2, for how to get mental health services for yourself or a family member (obtain SMHS), press 3, to reach a Patient Rights Advocate (appeal, grievance, etc.), and press 5, for psychiatric hospital admissions (San Luis Obispo patient being admitted). The caller's script was to find out about SMHS; therefore, the caller pressed, option #2. The next phone tree gave options for the caller to obtain SMHS as well as receive more information about the county after-hours, which was the time of the call. The options included: leaving a message, call back during business hours, clinic information (e.g., multiple clinic names, provided addresses, and website address (URL), and additional information the beneficiary could get from the website. The caller didn't speak to a live person and didn't leave a message for a call back. The caller disconnected the call at 7:43 a.m.

FINDING
DHCS deems the MHP in compliance with California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #4
The call was placed on Monday, September 24, 2018, at 9:32 a.m. The call was answered after one ring via a live operator. The caller explained to the operator that the caller is new to the county and is requesting information about how to fill an anxiety medication in San Luis Obispo County. The operator asked the caller what type of insurance the caller had. The caller replied, Medi-Cal. The operator asked for the caller's name, social security number (SSN), date of birth (DOB), and address. The caller provided their name, address (street name only) and DOB, but informed the operator that the caller was not comfortable in providing their SSN. The caller informed the operator that the caller is just wanting some information on what the process is to obtain a medication refill. The operator said she needed the information to see if the caller is in the system. The operator asked the caller to hold and that she would have the caller talk to a counselor. The caller spoke with the counselor and explained that the caller would like to know the process to obtain a medication refill in their county. While counselor was talking to the caller, the counselor mentioned that you don't sound like you require urgent care and began to explain the process about how to obtain a medication refill with the county. After the explanation, the caller thanked the counselor for the information and ceased the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met and was provided information about services needed to treat a beneficiary's urgent condition.

FINDING
DHCS deems the MHP in compliance with California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #5
The call was placed on Tuesday, October 9, 2018, at 8:37 a.m. The call was answered after three rings via an operator. The call was answered by a live operator identifying themselves as "This is San Luis Obispo Behavioral Health, how can I help you." They did not provide their name. The caller reported they can't seem to get any sleep; crying all the time; they don't have an appetite, and that it's a struggle just to get out of bed every day. The operator asked for a name. The caller said their name is "Shelia." Operator also asked for caller's last name. Caller stated they preferred not to provide their last name. Operator explained it is confidential and its' information needed for the counselor. The caller provided their last name as "Johnson." The Operator put the caller on hold for 2 minutes and 36 seconds. Before putting the caller on hold, operator explained they need to answer other incoming calls. The operator came back on the line and asked for more identifying information and a referral source. They asked who referred you. The caller answered a friend referred them. The operator also wanted to know who the primary care physician was for the caller. The caller answered by stating they can't remember the physicians name right now. The operator asked for caller's social security number (SSN) and Medi-Cal number. The caller reported, they do not feel comfortable giving their SSN and

can't remember their Medi-Cal number. The operator replied, no counselor is available right now, but one will call you back within an hour. The operator ended the call by saying "thank you, Emily." The operator did not use the correct name or offer any information about how to access SMHS. The county did not provide any information about services needed to treat a beneficiary's urgent condition; nor, was there a crisis assessment offered at any time during the call.

FINDING

DHCS deems the MHP out of compliance with specific requirements in California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by:

- The toll-free number providing information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met; and,
- The toll-free number providing information to beneficiaries about services needed to treat a beneficiary's urgent condition.

TEST CALL #6

The call was placed on Tuesday, September 25, 2018, at 7:48 a.m. The call was answered after one ring via a phone tree opening in English and then Spanish. After the language selection introduction the call announced you had reached the San Luis Obispo County Mental Health Access Line. The message stated, "If this is a medical emergency, please hang up and dial 9-1-1. Press 1, to talk to a mental health professional regarding a psychiatric crisis or for urgent matter. Press 2, for information on mental health services for yourself or for a family member or to schedule an appointment for services. Press 3, for the Complaint Patient Right Advocate line about a complaint, appeal, expedited appeal, or the State Fair Hearing. Press 5, if you are calling from a psychiatric hospital of admission regarding admission to San Luis Obispo medical beneficiary." The caller pressed 3, and was placed on hold for approximately 15-20 seconds. An answering machine picked up and provided an introduction in Spanish and English. The message stated, "If this is an urgent situation, call 1 (800)838-1381, or if this is an emergency please hang up, and dial 9-1-1. To file a grievance, appeal, expedited appeal please leave a confidential message and we will return your call as soon as possible or if you need more information on the State Fair Hearing, or how to change a provider we can discuss that in-person or over the phone: There are four ways to submit in writing: through our client information center where you can get information and forms in privacy; on our website (URL was provided); leave your name and address and s/he will mail the form with a pre-paid self-addressed envelope; or, they can discuss the options over the phone." The recording then repeated the Patient Right Advocate information in Spanish. The caller hung up and called back and did not select an option. The recording went over several key informative details regarding the days and times it open, provided a telephone number, addresses for several locations, the county URL, and information regarding the provider handbook in English, Spanish, or alternative formats.

FINDING

DHCS deems the MHP in compliance with California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).

TEST CALL #7

The call was placed on Tuesday, September 18, 2018, at 10:07 a.m. The call was answered after one ring via an operator directing the caller to a second operator the Patient Rights Advocate. The transfer from the first operator to the second operator was quick. The caller requested information about how to file a complaint in the county. The second operator asked the caller to provide their name and contact information and advised the caller their name was not in the county system. The caller asked again how they can file a complaint. The second operator informed the caller that they can file a complaint through the second operator or the program supervisor via telephone. No additional information about how to file a complaint/grievance was provided to the caller, including how to physically file a grievance.

FINDING

DHCS deems the MHP out-of-compliance compliance with specific requirements in California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1). The MHP did not demonstrate compliance by providing information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing process.

SUMMARY OF TEST CALL FINDINGS

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	IN	N/A	IN	N/A	N/A	IN	N/A	100%
2	IN	IN	IN	IN	OUT	IN	N/A	84%
3	IN	IN	IN	IN	OUT	IN	N/A	84%
4	IN	N/A	N/A	N/A	N/A	IN	OUT	66%

In addition to the seven (7) test calls, the MHP submitted the following documentation as evidence of compliance with California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1):

- Policy and Procedure: 3.00 Access to Services;
- Scripted responses for the Central Access line calls; and,
- MHP's detailed Action Plan for their Central Access Line.

As part of the MHP's effort to improve the outcome of their test calls, they provide, at a minimum, quarterly trainings in which, its scripts and procedures are reviewed with their staff. In addition, the MHP conducts bi-monthly test calls to test the staff on the information that is provided during the trainings.

The MHP submitted evidence that demonstrates that it is in partial compliance with California Code of Regulations, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1). The MHP must complete a POC addressing this finding of non-compliance.

BENEFICIARY RIGHTS AND PROTECTIONS

REQUIREMENT
The MHP shall adhere to the following record keeping, monitoring, and review requirement related to maintaining a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance, appeal, or expedited appeal. (42 CFR § 438.416(a) and Cal. Code Regs., tit. 9, § 1850.205(d)(1).)

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Section 438.416(a). DHCS must require MHPs to maintain records of grievances and appeals and must review the information as part of its ongoing monitoring procedures, as well as for updates and revisions to the State quality strategy.

In addition, the MHP did not furnish evidence to demonstrate it complies with California Code of Regulations, title 9, section 1850.205(d)(1). For the grievance, appeal, and expedited appeal processes found in California Code of Regulations, title 9, sections 1850.206, 1850.207, and 1850.208, the MHP must maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance or appeal. The log entry must include, but not be limited to, the name of the beneficiary, the date of receipt of the grievance, appeal, or expedited appeal, and the nature of the problem.

The MHP has implemented a problem resolution process that includes informing beneficiaries of their rights when beginning services and upon request. The review was at a location, which allowed the DHCS team to see posted information explaining the grievance, appeal, and expedited appeal processes. As part of the MHP's procedures, a drop box is available, at each clinic for beneficiaries to submit grievances and appeals.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- Policy and Procedure: 4.07 Beneficiary Grievances, Appeals, and Expedited Appeals and
- Grievance/Appeal log from July 5, 2017 to June 29, 2018

The policy confirms that all grievances, appeals, and expedited appeals are directed to the Patients' Rights Advocate (PRA) to log and to ensure confidentiality. However, this process did not require the grievances to be logged when received at each contracted provider site. Instead, the grievances and appeals must be sent to the PRA, which creates a delay for the grievances and appeals to be logged.

DHCS deems the MHP out-of-compliance with 42 CFR Section 438.416(a) and with California Code Regulations, title 9, section 1850.205(d)(1). The MHP must complete a POC addressing this finding of non-compliance.

OTHER REGULATORY AND CONTRACTUAL REQUIREMENTS

REQUIREMENT
The MHP must comply with the requirements of Welf. & Inst. Code Sections 14705(c) and 14712(e) regarding timely submission of its annual cost reports.

FINDING

The MHP did not furnish evidence to demonstrate it complies with Welf. & Inst. Code Section14705(c). With regard to county operated facilities, clinics, or programs for which claims are submitted to DHCS for Medi-Cal reimbursement for SMHS to Medi-Cal eligible individuals, the county must ensure that all requirements necessary for Medi-Cal reimbursement for these services are complied with, including, but not limited to, utilization review and the submission of yearend cost reports by December 31 following the close of the fiscal year.

In addition, the MHP did not furnish evidence to demonstrate it complies with Welf. & Inst. Code Section14705(c). Whenever DHCS determines that a MHP has failed to comply with this chapter or any regulations, contractual requirements, state plan, or waivers adopted pursuant to this chapter, DHCS must notify the MHP in writing within 30-days of its determination and may impose sanctions, including, but not limited to, fines, penalties, the withholding of payments, special requirements, probationary or corrective actions, or any other actions deemed necessary to promptly ensure contract and performance compliance. If DHCS imposes fines or penalties, to the extent permitted by federal law and state law or contract, it may offset the fines from either of the following:

- Funds from the Mental Health Subaccount, the Mental Health Equity Subaccount, and the Vehicle License Collection Account of the Local Revenue Fund and funds from the Mental Health Account and the Behavioral Health Subaccount of the Local Revenue Fund 2011.
- Any other mental health realignment funds from which the Controller is authorized to make distributions to the counties, if the funds described in paragraph (1) are insufficient for the purposes described in this subdivision.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- DHCS reviewed the MHP's Cost Report information from July 1, 2016 through June 30, 2017;
- Correspondences between the MHP to DHCS;
- Additional financial data; and,
- Boilerplate Contract.

The Boilerplate Contract that was provided included evidence that requires contractors to collect and provide to the MHP with all data and information necessary to satisfy state reporting requirements. However, in accordance with Welf. & Inst. Code Section 14705(c), the cost report is due to DHCS by December 31st following the close of the FY. DHCS does not have the authority to alter this requirement. As such, the cost report is due regardless of the reason for delay (County and/or DHCS). If a county has any reason to believe that its cost report would

not be filed by December 31st, it should seek an extension to file from DHCS at least two-weeks prior to the due date (reference MHSUDS Information Notice 17-025). Cost reports received after December 31st with no extension requests on file are considered delinquent and subject to provisions contained in Welf. & Inst. Code Section 14712(e).

DHCS deems the MHP out-of-compliance with Welf. & Inst. Code Sections14705(c) and 14705(c). The MHP must complete a POC addressing this finding of non-compliance

SURVEY ONLY FINDINGS

The purpose of DHCS developing survey questions is to determine the status of implementation statewide prior to the inclusion as compliance requirements. Data is collected and reviewed by the DHCS team however; the information is not included in the overall compliance score.

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

REQUIREMENT
The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

FINDING

The MHP furnished the following evidence as documentation to demonstrate compliance with the survey item requirement:

- Policy and Procedure: 6.11 Continuum of Care Reform/Pathways to Wellbeing: Sub-class, Model, and Services;
- Screenshot identifying that the TFC service code is set up in Anasazi; and
- The MHPs contract with Family Care Network for FY 2018-2019. Family Care Network is the TFC agency contractor.

SUGGESTED ACTION

DHCS is not requiring any action at this time.

REQUIREMENT
The MHP has an affirmative responsibility to determine if children and youth who meet medical necessity criteria need TFC (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018).

FINDING

The MHP furnished policy and procedure 6.11 Continuum of Care Reform/Pathways to Wellbeing: Sub-class, Model, and Services as evidence as documentation to demonstrate compliance with the survey item requirement.

The policy addresses that San Luis Obispo will provide all medically necessary SMHS and Early and Periodic Screening Diagnostic and Treatment (EPSDT) supplemental services, including Intensive Care Coordination, Intensive Home Based Services, and TFC, to all Medi-Cal beneficiaries who meet medical necessity and eligibility criteria. In addition, the policy describes the MHPs collaboration with the County of San Luis Obispo's Department of Social Services.

SUGGESTED ACTION

DHCS is not requiring any action at this time.

CARE COORDINATION AND CONTINUITY OF CARE

REQUIREMENT
The MHP shall implement a transition of care policy that is consistent with federal requirements and complies with the DHCS's transition of care policy (MHP Contract, Ex. A, Att.10; 42 C.F.R. § 438.62(b)(1)-(2)).

FINDING

The MHP did not furnish evidence to demonstrate it complies with 42 CFR Sections 438.62(b)(1) and (2). DHCS must have in effect a transition of care policy to ensure continued access to services during a transition from Fee-For-Service (FFS) to a MHP or transition from one MHP to another when an beneficiary, in the absence of continued services, would suffer serious detriment to their health or be at risk of hospitalization or institutionalization. The transition of care policy must include the following:

- The beneficiary has access to services consistent with the access they previously had, and is permitted to retain their current provider for a period of time if that provider is not in the MHP network.
- The beneficiary is referred to appropriate providers of services that are in the network.
- DHCS, in the case of FFS, or the MHP that was previously serving the beneficiary, fully and timely complies with requests for historical utilization data from the new MHP in compliance with federal and state law.
- Consistent with federal and state law, the beneficiary's new provider(s) are able to obtain copies of the beneficiary's medical records, as appropriate.
- Any other necessary procedures as specified by the Secretary to ensure continued access to services to prevent serious detriment to the beneficiary's health or reduce the risk of hospitalization or institutionalization.
- DHCS must require by contract that MHPs implement a transition of care policy consistent with these requirements and at least meets DHCS defined transition of care policy.

The MHP furnished policy and procedure for Coordination and Continuity of Care, which outlines the its transitions from inpatient or residential to outpatient care, between levels of care within a San Luis Obispo Behavioral Health Department (SLOBHD) program, to or from services provided by CenCal Health or other community health care providers, and between providers of services by multiple SLOBHD programs as evidence to demonstrate compliance with the survey item requirements. In addition, the policy addresses if a beneficiary who was in treatment at a Physical Health Care Services (PHCS) or community provider level of care transitions to services at SLOBHD and requests to continue to receive services from their current provider and the provider is willing to continue to provide services.

SUGGESTED ACTION

DHCS is not requiring any action at this time.

COVERAGE AND AUTHORIZATION OF SERVICES

REQUIREMENT
MHPs must review and make a decision regarding a provider's request for prior authorization within five (5) business days after receiving the request.

FINDING

The MHP furnished the following evidence to demonstrate it complies with the survey item requirement:

- Service Authorization Request Form (SAR);
- SAR log – Out-of-County clients being served by the MHP; and,
- SAR Log-county youth placed out of county, and sample of SARs.

DHCS reviewed 25 SARs, it was determined that, each SAR was approved and signed the day received or the following day.

PROTOCOL REQUIREMENT	# PRIOR AUTHORIZATIONS IN COMPLIANCE	# PRIOR AUTHORIZATIONS OOC	COMPLIANCE PERCENTAGE
Prior authorization approved or denied within five (5) business days after receiving the request.	25	0	100%

SUGGESTED ACTION

DHCS is not requiring any action at this time.